HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

original

NAME (Last, First, Middle)

WARD, GENE R.

STATE HOUSE OF REVENUENTATIVES

TERM OF OFFICE (Begin/End): NOV 8, Z006 76

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	
F	COUNTRY PIRECTOR, PEACE CORPS DILL, EAST TIMOR	E	DIRECTEL COUNTRY Programs
F	USAID OFFICE OF DEMOCRACY, WASHINGTON, D.C	E	SENIOL BEMOCRACY ABVISOR
[]Check here	e if entry is None		

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business

F,SP,	PLICINESC NAME AND ADDRESS.				
DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
F,SP	WARD ENTERPRISES 875 PULLOMAN ST. Hondula Hz 56825	Rental of Resissance	soca proposty	swNeW.	
[]Check	here if entry is None			······································	

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
[V]Chec	k here if entry is None []Check here if additional	sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	CHASE MORTGAGG	H	· G
			·
[]Check here if entry is None []Check here if additional sheets are atta		al sheets are attache	

[]Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

organization, the term of office, and the annual co

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F, SP	CROWN CHILD PLACEMENT INT'L, INC 11277 E. 3719 PLACE YUMA, AVIZONA	Beard	Ex-OFFICIO	11011
F	CENTER POR LAW + SOCIAL STRATESY 75-346 HUALALAI RD, STG BZG KAILUA-KONA, HF 96740		Expired 2008	11 0 *

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F,SP, STREET ADDRESS TAX MAP KEY NUMBER (IF TAX VALUE DC,JT MAP KEY NUMBER EXISTS) [Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS AND TAX MAP KEY NUMBER (IF **AMOUNT & NATURE OF** NAME OF PERSON DC,JT TAX MAP KEY NUMBER EXISTS) CONSIDERATION PAID RECEIVING THE CONSIDERATION Check here if entry is None []Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. STREET ADDRESS AND TAX MAP KEY AMOUNT & NATURE OF NAME OF PERSON NUMBER (IF TAX MAP KEY NUMBER EXISTS) CONSIDERATION RECEIVED **FURNISHING THE** CONSIDERATION

STREET ADDRESS AND TAX MAP KEY NUMBER EXISTS)

AMOUNT & NATURE OF CONSIDERATION RECEIVED

NAME OF PERSON FURNISHING THE CONSIDERATION

CONSIDERATION

[ViCheck here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before	re state agencies, except in ministerial matters, for a fee or compensation
during the disclosure period, excluding clients represented be	efore courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[V]Check here if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES.

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

NATURE OF BUSINESS	NATURE OF INTEREST	2 330	VALUE
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		J. 1	
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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. Murther understand that there are statutory penalties for noncompliance.

SIGNATURE

DC. 17, 2006

DATE